

California M E D I C I N E

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION
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VOL. 75

OCTOBER 1951

No. 4

Specialist-General Practitioner Cooperation in an Obstetrical Department

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SUMMARY

At a private hospital not affiliated with a teaching institution, a system was set up in the obstetrical department under which general practitioners carrying out deliveries had the advice and aid of specialists in obstetrics and were required to call for it in stated circumstances. General practitioners carried out about half of the 17,076 deliveries at the hospital in an eight-year period. Teamwork was stressed. Results were comparable with those reported from many of the well-known institutions.

In addition, a special anesthetic service was organized for the obstetrical department. Anesthesia was administered by young physicians who not only were versed in anesthetic procedures but had special training in obstetrics.

The service was available at any hour, and the physician carrying out delivery could count upon competently administered anesthesia when it was needed, as well as upon consultation and assistance should the need arise.

The data in the accompanying tables indicate the various methods of treatment used and the results. The incidence of various abnormalities was quite similar to that reported from many of the well-known institutions of the country. The ultimate end results in terms of maternal mortality, maternal morbidity, stillbirths, and neonatal deaths compare most favorably with results in the better known teaching and private hospitals where practice is entirely confined to physicians qualified under the term "obstetrical specialists."

Under the heading "Supervision" in Paragraph 5 of "The Minimum Standard for Obstetrical Department in Hospitals"—as demanded by the American College of Surgeons—appears the following requirement: "The obstetrical division of the medical staff shall be so organized as to exercise adequate control over the obstetrical work done in the hospital, such organization to include a chief or head of the department or service who shall be responsible for the general supervision of the professional activities of the department."

In order to exercise adequate control, the quality of work done by each physician engaged in the practice of obstetrics in the department must be known. Therefore, at St. John's Hospital all were classified into two major groups. This classification was arrived at after careful examination of creden-

SINCE the obstetrical department of St. John's Hospital, Los Angeles, admitted its first patient in November 1942, there have been some 17,000 deliveries. About half of the patients were admitted under the care of general practitioners.

Chairman of obstetrical department, St. John's Hospital, Los Angeles.

Presented before the Section on Obstetrics and Gynecology at the 80th Annual Session of the California Medical Association, Los Angeles, May 13 to 16, 1951.

TABLE 1.—Presentation and Positions in 17,076 Deliveries

Vertex	
a. Occiput anterior	14,820 (85%)
b. Occiput posterior	1,410 (8%)
Breech	636 (3.7%)
Brow	16
Face	30
Transverse	18

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OWNED AND PUBLISHED BY THE CALIFORNIA MEDICAL ASSOCIATION
450 SUTTER, SAN FRANCISCO 8 PHONE DOUGLAS 2-0062

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EDITORIAL

Medical Care on the March

This month the California Medical Association embarks on a program of medical public relations which is unique and which has already drawn nationwide attention.

The program is a composite result of several studies, including the report of physician-patient relationships by Ernest Dichter, Ph.D., the recommendations of the Advisory Planning Committee, the report of the Association's Committee on Medical Economics and numerous suggestions from county society offices which operate actively in the business administration in physicians' offices.

In its initial stages, this campaign will call for the dissemination of suggestions aimed at creating for the public two basic guarantees. First is the guarantee of the availability of medical care under any and all circumstances. This will include medical care at any time of the day or night, on any day of the year, and without regard to the ability of the patient to pay. Briefly summarized, it means "Medical care for all, regardless. . . ."

This guarantee may sound like a big order but on analysis it comes down to little more than the organization of medical resources in the interest of the patient. At present the physicians in organized medicine in any community are actually delivering service on this basis to all the people of the community even though not by formally established procedure. When they can organize their own resources on an orderly basis, they can make a guarantee to the public that any person can receive medical care, regardless of circumstances.

The second guarantee to the public will be one of protection against possible abuses by physicians who are members of the American Medical Association. This will include protection against acts of malpractice, against unnecessary or incompetent procedure, against overcharges for service and against unethical acts by member physicians. Such

protection is already given the public by the vast majority of physicians; the organized effort will be to protect the public from such acts by the few in the profession who may abuse their professional privileges.

Here, in a nutshell, is the program the C.M.A. is entering into. Its objectives are to prove to the public that the practice of medicine, so far as it is within the purview of the Association, is, in deed as well as in word, a service performed for the benefit of the public — to prove that member physicians honor the terms of the opening statement of the Principles of Medical Ethics, that "reward or financial gain is a subordinate consideration."

If the public is guaranteed the availability of high quality medical care under all circumstances, and if the public is guaranteed protection against ill-advised acts on the part of a few physicians, the public will take to its heart the reputable practitioners who make the guarantee and will reject any politically-inspired idea of dictatorial governmental medicine.

To implement this program and to assist all county medical societies in putting it into effect, the C.M.A. has employed two field representatives and has named its present field secretary as director of public relations. This constitutes a team of experienced men who can assist county societies and their members in earning the respect and admiration of their patients and of the residents in their communities, by performing in the highest traditions of the profession.

As time goes on, other facets of the proposed program will be put into effect, as authorized by the governing bodies of the C.M.A. Meanwhile, the start which is now being made will carry to the people of the state the message that medicine means business and means its services to be performed for the good of the people. The effect of this program, both on the profession and the public, is bound to be salutary.

*Phrase coined by the Alameda-Contra Costa Medical Association.

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NOTICES AND REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 228th Executive Committee Meeting, San Francisco, August 15, 1951.

The meeting was called to order by Chairman Lum in the offices of the Association at 5:30 p.m., Wednesday, August 15, 1951.

Roll Call:

Present were President MacLean, President-Elect Alesen, Council Chairman Shipman, Speaker Charnock and Auditing Committee Chairman Lum, Editor Wilbur and Secretary-Treasurer Daniels.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, A.M.A. President John W. Cline, A.M.A. Board of Trustees Chairman Dwight H. Murray, and Drs. Garnett Cheney of San Francisco, T. Eric Reynolds of Oakland and John Garthe of Vallejo, representing their respective county medical societies.

1. A.M.A. Interim Session—December 4-7, 1951:

Discussion was held on the advisability of a dinner being given for the A.M.A. House of Delegates when the interim A.M.A. session is held in Los Angeles next December 4 to 7. It was agreed that this should be a matter for local determination by the physicians of Los Angeles County.

2. Death of William Randolph Hearst:

On motion regularly made and seconded, it was voted to send a message of condolence to the family of William Randolph Hearst on the occasion of his death and to offer a floral piece at the funeral rites.

3. C.P.S. Fee Schedule Committee:

Discussion was held on the advisability of adding more members, representing medical specialties, to the C.P.S. Fee Schedule Committee. On motion duly made and seconded, it was voted to leave the composition of the committee at the present level of eight members, with the understanding that the

committee could call in any specialist representatives it deems needed.

Adjournment:

There being no further business to come before the meeting, it was adjourned.

DONALD D. LUM, M.D., *Chairman*

ALBERT C. DANIELS, M.D., *Secretary*

C. M. A. Public Relations

To carry out its new program of public relations, the California Medical Association has named Mr. Ed Clancy as Director of Public Relations. Mr. Clancy has served as field secretary of the Association for the past three years, prior to which time he was associated with the Association's public relations counsel.

Aiding Mr. Clancy in this important work will be Mr. Glenn W. Gillette, who for the past three years has served as executive secretary of the Fresno County Medical Society, and Mr. J. L. (Jerry) Pettis, recently assistant to the president of United Air Lines. Mr. Gillette will make his headquarters at the Association's San Francisco office and Mr. Pettis at the Los Angeles office, 417 South Hill Street.

This team of three experienced representatives has already developed a large amount of material for the assistance of county medical societies and their members. All three are on call at all times for the consideration and solution of public relations problems throughout the state. Their talents are expected to contribute materially to the public esteem of physicians and their societies.